



SUSPECTED ACUTE MYOCARDIAL INFARCTION (AMI)

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Chest pain (typical or atypical).
- Syncopal episode.
- History of previous AMI, Angina, heart disease, or other associated risk factors.

II. BLS INTERVENTIONS

- Recognition of signs/symptoms of suspected AMI.
- Reduce anxiety, allow patient to assume position of comfort.
- Oxygen as clinically indicated.
- Obtain O₂ saturation.
- May assist patient with self-administration of Nitroglycerin and/or Aspirin.

III. LIMITED ALS (LALS) INTERVENTIONS

- Aspirin per ICEMA Reference #7040 - Medication - Standard Orders.
- Consider early vascular access.
- For patients with chest pain, signs of inadequate tissue perfusion and clear breath sounds, administer 300 ml NS bolus, may repeat.
- Nitroglycerin per ICEMA Reference #7040 - Medication - Standard Orders.
- Consider establishing a saline lock enroute on same side as initial IV.
- Complete thrombolytic checklist, if time permits.
- Contact base hospital.

IV. ALS INTERVENTIONS

- Aspirin per ICEMA Reference #7040 - Medication - Standard Orders.
- Consider early vascular access.
- For patients with chest pain, signs of inadequate tissue perfusion and clear breath sounds, administer 300 ml NS bolus, may repeat.
- 12-Lead Technology:
 - Obtain 12-lead ECG. Do not disconnect 12-lead cables until necessary for transport.
 - If signs of inadequate tissue perfusion or if inferior wall infarct is suspected, obtain a right-sided 12-lead (V4R).
 - If right ventricular infarct (RVI) is suspected with signs of inadequate tissue perfusion, consider 300 ml NS bolus, may repeat. Early consultation with base hospital or receiving hospital in rural areas is recommended. (Nitrates are contraindicated in the presence of RVI or hypotension.)
 - With documented ST segment elevation in two (2) or more contiguous leads, contact STEMI base hospital for destination decision while preparing patient for expeditious transport, refer to ICEMA Reference #6070 - Cardiovascular “STEMI” Receiving Centers. In Inyo and Mono Counties, the assigned base hospital should be contacted for STEMI consultation.
 - Repeat 12-lead at regular intervals, but do not delay transport of patient. If patient is placed on a different cardiac monitor for transport, transporting provider should obtain an initial 12-lead on their cardiac monitor and leave 12-lead cables in place throughout transport.
 - EMS field personnel shall ensure that a copy of the 12-lead ECG is scanned or attached as a permanent part of the patient’s ePCR or OIA and submit to ICEMA if patient is going to a SRC as a suspected STEMI.
- Nitroglycerin per ICEMA Reference #7040 - Medication - Standard Orders. Utilize Morphine or Fentanyl for pain control when Nitroglycerin is contraindicated.

- Morphine or Fentanyl per ICEMA Reference #7040 - Medication - Standard Orders. Consider concurrent administration of Nitroglycerin with Morphine or Fentanyl if there is no pain relief from the initial Nitroglycerin administration. Contact base hospital for further Morphine or Fentanyl orders.
- Consider establishing a saline lock as a secondary IV site.
- Make early STEMI notification to the STEMI Receiving Center.
- In Radio Communication Failure (RCF), may administer up to an additional 10 mg Morphine in 2 mg increments with signs of adequate tissue perfusion or administer an additional 100 mcg of Fentanyl in 50 mcg increments with signs of adequate tissue perfusion.

V. REFERENCES

<u>Number</u>	<u>Name</u>
6070	Cardiovascular “STEMI” Receiving Centers
7040	Medication - Standard Orders